<table>
<tr><td colspan="2">Non-Public/Charter School Summary Sheet
Enhanced School Health Services Program</td><td>2007-2008</td></tr>
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Instructions: Please fill out with information current as of **June 2008**. MDPH would prefer that a school nurse at the Non-Public School fill out this report (if not available, the administrator most familiar with the information may fill it out). Note: A separate "Summary Sheet" is required for each Non-Public/Charter school that has agreed to collaborate with the sponsoring Enhanced School Health Services district.

DO NOT LEAVE ANY ITEMS BLANK except where indicated: For any information that you *Do Not Know* and can not find out, please mark "**DK**" in the space provided (please make a reasonable effort to find out all information requested on this form). Enter "**0**" for responses that you know to be zero.

1. A. Person completing report: _____   2. Date: _____/_____
   B. Title:_____   month   year

3. Name of sponsoring ESHS public school system:_____

4. Name of non-public/charter school: _____
   Street & City of non-public school: _____
   Number of students in school (this information is REQUIRED):_____

5. Grade levels (check all that apply, and specify grade span, as in K-6, 8-12, etc.)
   Grades Served*   *Grades Served**
   A. ☐ Elementary   _____   D. ☐ Special Needs   _____
   B. ☐ Middle/Junior High   _____   E. ☐ Ungraded   _____
   C. ☐ High School   _____   F. ☐ Other   _____
   *Leave "Grades Served" blank if the item is "Not Applicable".

Resources
6. School health care staffing in the non-public school (total number of hours <u>per week</u>):
   A. Nurse (RN) ____hours/week   B. Health Aide ____hours/week   C. Special Ed Nurse ____hours/week
   D. Volunteers (Parents, Nurses) ____hours/week   E. Other ____hours/week

Infrastructure and Policy Development
7A. Do you have a School Health Advisory Committee?   ☐ Yes   ☐ No   ☐ In Process
7B. Number of Health Advisory Committee meetings during the past year? _____

Data
8. Does the data below cover the: ☐ Full school year   ☐ Partial school year (____ months)

Needs assessment
9. Has a student health needs assessment been completed?   ☐ Yes   ☐ No   ☐ In Process

Health Screenings

10. How many students received vision, hearing or postural screenings? For each type of screening, enter A) the number that passed, and B) the number that failed, and C) the total number screened. *The "number passed" plus the "number failed" should equal the "Total number screened." Count only initial screenings (not follow-up screenings).*

	Type of Screening		
	Vision	Hearing	Postural
A. Number who PASSED the screening			
B. Number who FAILED the screening			
C. Total number screened			

Of the number in 10B (students who *failed* a screening), D) how many were followed-up? E) how many were not followed up? *The number "followed up" plus those "not followed up" should equal the "Total number who failed the screening."*

	Type of Screening		
	Vision	Hearing	Postural
D. Number of Failures FOLLOWED UP			
E. Number of Failures NOT FOLLOWED UP			
F. Total number who failed the screening			

Linkages with Primary Care Providers

11. Enter the number of students . . .
    A. Who HAVE a primary care provider
    B. Who DO NOT have a primary care provider
    C. You DON'T KNOW if they have a primary care provider

    D. Of the students in line 11B (without a primary care provider), how many were referred to a primary care provider?

Linkages with Health Insurance Providers

12. Enter the number of students . . .
    A. Who HAVE a health insurance provider
    B. Who DO NOT have a health insurance provider
    C. You DON'T KNOW if they have a health insurance provider

    D. Of the students in line 12B (without a health insurance provider), how many were referred to a health insurance provider?

Immunization Records

13.   Enter the number of students at this school whose . . . *(Count students only once)*

A. Immunization records WERE reviewed	
B. Immunization records WERE NOT reviewed	

Of the students in 13A (records were reviewed), how many students were . . .

C. IN COMPLIANCE with immunization requirements	
D. NOT IN COMPLIANCE with immunization requirements	

E. Of the students in line 13D (NOT in compliance with immunization requirements), how many were provided with immunizations (or a referral for immunizations)?	

Comprehensive Health Education (CHE) and Tobacco Control

14. Do you have a K-12 CHE curriculum
    including tobacco prevention education?   ☐ Yes   ☐ No   ☐ In Process

Management Information Systems

15. Are school health records computerized
    (including a daily log of health visits)?   ☐ Yes   ☐ No   ☐ In Process

16. Which school health software program do you use?
    ☐ None   ☐ HealthOffice   ☐ SNAP   ☐ Student Health Manager
    ☐ Other (describe:_____)